



Parent Volunteer Hours Form

Please complete this form and return it, signed by a school representative or event chairperson, within one week of the volunteer date.

Parent Name _____

Name and Grade of oldest enrolled child _____

Date of Volunteer Hours _____

Volunteer Hours performed (please give name of event and/or brief description of work performed)

Number of Hours performed _____

Signature of Parent _____

Date _____

Signature of school representative/event chairperson _____

Name of school representative/event chairperson _____

Date _____

For School Use Only

Date entered on _____

Entered by _____